



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

Audrey Clark, MPA, Director, Office of Controlled Substances Administration

Office of Controlled Substances Administration (OCSA)

4201 Patterson Avenue
Baltimore, Maryland 21215
410-764-2890

OCSA Non-Resident Establishment Questionnaire

Establishment Name (dba) _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax. _____

Maryland CDS Registration Number _____ Exp. Date _____

Maryland Pharmacy/Distributor Permit Number _____ Exp. Date _____

Resident State License or Permit Number _____ Exp. Date _____

DEA Registration Number _____ Exp. Date _____

Hours of Operation M-F _____ Sat. _____ Sun. _____

1. Person responsible for accountability of CDS at the establishment. *Include job title and/or professional title and/or educational degree.*

2. Brief description of the type of work conducted using CDS.

3. What schedules (CI,CII,CIII,CIV,CV) of CDS are shipped/delivered to Maryland establishments/patients?

4. Provide the name, address and phone number for ALL Maryland establishments that purchase/take procession of CDS from your establishment. *Pharmacies that only dispense CDS prescriptions to Maryland patients may skip this item and proceed to item 5. DO NOT provide the name of any patients for which CDS are dispensed.*

5. Describe the procedures employed to ensure secure delivery and receipt of CDS to Maryland establishments/patients.

6. List all licenses/permits/registrations issued by your state’s regulatory agencies and/or licensing boards that have oversight of CDS dispensing and/or distribution. Provide the date and findings of your most recent inspection by those agencies and/or boards.

NOTE: Please ensure that all questions have been answered completely. Incomplete answers and missing information will result in a delay in the processing of your CDS application.

Signature of Applicant _____ Date _____

Print Name of Applicant _____

Office of Controlled Substances Administration • 4201 Patterson Avenue • Baltimore, Maryland 21215-2222
410-764-2890 • Fax 410-358-1793 • TTY for Disabled - Maryland Relay Service 1-800-735-2258
Toll Free 1-877-4MD-DHMH • Web Site: <http://dhmh.maryland.gov/ocsa>